

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/530202 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	3	↔	↔	↔	↔	
TOTAL CLAIMS	4	████████	████████	████████	████████	

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TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		████████	████████	████████	████████	

BEST AVAILABLE COPY